

**COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES**

Rules Committee Minutes

**Clarion Hotel State Capital
320 Hillsborough Street
Raleigh, NC 27603**

Wednesday, January 16, 2008

Attending:

Commission Members: Floyd McCullouch, Dr. Anna Marie Scheyett, Dr. Richard Brunstetter, Dorothy Rose Crawford, Mazie T. Fleetwood, Ann Forbes, George Jones, Martha Martinat Pender McElroy, Emily Moore, Jerry Ratley, Mike Hennike, Dr. Ranota Hall, Pearl Finch, Pamela Poteat, Connie Mele, Thomas Fleetwood, Lois Batton

Ex-Officio Committee Members: Peggy Balak, Martha Brock, Sally R. Cameron, Yvonne Copeland, Deby Dihoff, Bob Hedrick, Larry Pittman, Karen McLeod, Ellen Russell

Division Staff:

Steven Hairston, Denise Baker, Marta T. Hester, Andrea Borden, , Stephanie Evans, Lynell Otto, Chris Phillips, Mark O'Donnell, Mabel McGlothlen, Stuart Berde, Bonnie Morell, Jason Reynolds, Jim Jarrard, Tracy Ginn, Glenda Stokes, Janie Shivar, Martha Lamb, Dr. Michael Lancaster

Others: G. Rogers, Diana Fields, Deanna Janus, Ann Rodriguez, Paula Cox Fishman, Louise G. Fisher, Joe Donovan, Ruth Alford, Karen Salacki, Diane Pomper, Robin Huffman, Stephanie Alexander, John L. Crawford

Handouts:

Mailed Packet:

- 1) January 16, 2008 Rules Committee Agenda
- 2) October 17, 2008 Draft Rules committee Minutes
- 3) Proposed Repeal of 10A NCAC 29D .0100 – Carolina Alternatives
- 4) Proposed Repeal of 10A NCAC 29D .0600 – Substance Abuse Assessments (DWI)
- 5) Proposed Adoption of 10A NCAC 27A .0300 – Clean Claims
- 6) Proposed Adoption of 10A NCAC 26C .0402 – Standardized Forms & Processes
- 7) Proposed Adoption of 10A NCAC 27G .0507 – Area Board Annual Evaluation of an Area Director
- 8) Proposed Adoption of 10A NCAC 26C .0600 – Removal of LME Functions
- 9) Proposed Adoption of 10A NCAC 27G .0212 – Disclosure of Financial Interest
- 10) Proposed Amendment of 10A NCAC 26C .0100 – Designation of Facilities for the Custody and Treatment of Involuntary Clients
- 11) Proposed Repeal of 10A NCAC 29D .0400 – Therapeutic Homes
- 12) Proposed Amendment of 10A NCAC 27G .0104 – Staff Definitions
- 13) Proposed Amendment of 10A NCAC 27G .0504 – Client Rights

Additional Handouts:

- 1) Proposed Adoption of 10A NCAC 27A .0303 – Clean Claim Requirements (Revised)
- 2) Proposed Adoption of 10A NCAC 27G .0212 – Disclosure of Financial Interest of Providers of MH/DD/SA Services to Potential Clients (Revised)
- 3) Comment Grid for Rules Submitted at January 16, 2008 Meeting
- 4) Summary Sheet for 10A NCAC 27G .0104 – Staff Definitions

Call to Order:

Floyd McCullough, Chairman, Rules Committee, called the meeting to order at 9:35 am. Mr. McCullough delivered the Invocation and issued the ethics reminder. He continued with the introductions and welcomed everyone to the Rules Committee meeting.

Dr. Ranota Thomas Hall, Committee member, stated that she received a letter from the Ethics Board stating that there was a potential appearance of conflict and that she needed to excuse herself on any votes or discussion related to ValueOptions. Dr. Hall is the Medical Director for ValueOptions. Chairman McCullough thanked the staff of NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) for their assistance and support with the Commission and the Rules Committee.

Approval of Minutes:

Dr. Scheyett, Commission member, asked that an addition be made to page seven of the packet under the section for Staff Qualifications Workgroups. Dr. Scheyett had asked that a copy of the clarification of the current rules be sent to every Commission member, which is not noted in the packet.

Upon motion, second and unanimous vote, the Rules Committee approved the minutes of the October 17, 2007 Rules Committee meeting to include Dr. Scheyett's insertion.

10A NCAC 29D .0100 – Proposed Repeal of Carolina Alternatives

Steven Hairston, Chief, Operations Support, NC DMH/DD/SAS, presented the proposed Repeal of Carolina Alternatives rules. The proposed repeal is necessary to update current rule. Specific services associated with the Carolina Alternative waiver program are no longer in existence. No comments were received during the 60 day publication of this rule. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

10A NCAC 29D .0600 - Proposed Repeal of Substance Abuse Assessments (DWI)

Jason Reynolds, Justice Systems Innovations – DWI Team, NC DMH/DD/SAS, presented the proposed Repeal of Substance Abuse Assessments (DWI). The proposed repeals are necessary to update rules to reflect current practices. The current rules pursuant to DWI Services are codified in 10A NCAC 27G .3801 - .3817. The subject matter contained in the rules proposed for repeal is addressed in the current rules. No comments were received during the 60 day publication of this rule. This is a Commission rule and presented to the Rules Committee for approval to forward to the full Commission for final review. No public comments were received during publication of this rule.

Upon motion, second and unanimous vote, the Rules Committee approved the proposed repeal of 10A NCAC 29D .0600 to be forwarded to the Commission for final review.

10A NCAC 27A .0300 – Proposed Adoption of Clean Claims

Mark O'Donnell, LME Systems Performance, NC DMH/DD/SAS, presented the rule on the Proposed Adoption of Clean Claims. The proposed rule is necessary to promote standardization of forms and processes related to claims submission, payment, and denial between provider agencies and Local Management Entities (LMEs). Session Law 2006-142 directs the Secretary to adopt rules regarding what constitutes a clean claim for purposes of billing. This rule has gone through the 60 day comment period through publishing in the NC Register and received comments from the NC Council of Community Programs, which will be incorporated within the rule. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

Mr. O'Donnell received the following questions and comments from the Rules Committee members regarding this rule:

- Pender McElroy, Chairman, Commission, asked Mr. O'Donnell to explain the difference between a claim and a clean claim. Mr. O'Donnell stated that a clean claim meets the requirements for payment and is, without question, going to be paid; a claim that is incomplete or fails to meet requirements would be sent back to the provider.
- Bob Hedrick, Executive Director, NC Providers Council, Ex-Officio Committee member, stated that other problems related to claims are the accountability and the adjudication of the claim. Mr. Hedrick stated that there needs to be accountability for the date the claim was submitted (received by the LME), the period of time the LME has to adjudicate that claim and determine that it is either a clean claim or if it is a pending claim and has to be sent back to the provider. Mr. O'Donnell stated that the timeframe is in the contract with the LME, therefore it does not need to be in the rule.
- Peggy Balak, Saguaro Management, Ex-Officio Committee member, stated that her organization does support a web based system, but they would like to make sure it is a single web based system. Mr. O'Donnell agreed that adding single to web base system would be incorporated in the rule.
- Dr. Richard Brunstetter, Committee member, asked about the process for handling claims which were deemed unsatisfactory, returned and later submitted by the provider for processing. Mr. O'Donnell stated that they would be still obligated by the same 48 day timeframe. Yvonne Copeland, Executive Director, NC Council of Community Programs, Ex-Officio Committee member, added that the claim does not remain in that 48 day period once it is rejected and that the process starts again (another 48 days).
- Thomas Fleetwood, Committee member, asked if the Division would be providing/participating in training for the providers once the set of standards are developed for the clean claim. Mr. O'Donnell replied that this would be a good idea, but that it has not yet been discussed.

10A NCAC 26C .0402 – Proposed Adoption of Standardized Forms and Processes

Mark O'Donnell presented the proposed adoption of Standardized Forms and Processes. The proposed rule satisfied requirements established in Session Law 2006-142 directing DHHS and the Secretary to identify directives and communications previously issued by the Division of MH/DD/SAS that require adoption as administrative rules in order to be enforceable and to undertake to adopt those rules. The proposed rule is necessary to promote standardization of forms and processes related to system management function between LMEs and provider agencies. No comments were received during the 60 day publication of this rule. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

Mr. O'Donnell received the following questions and comments from the Rules Committee members regarding this rule:

- Dr. Brunstetter stated that he noticed that there was no form for the diagnostic assessment in the forms to be standardized in the rule. Mr. O'Donnell stated that there was not a form for diagnostic assessments, but that the elements were specified in the service definitions.
- Dr. Scheyett questioned if LMEs could request additional information in their diagnostic assessment. A Commission member responded affirmatively indicating that her agency included the elements from the Service Definition but also added other components that they wanted to address at that time.

10A NCAC 27G .0507 – Proposed Adoption of Area Board Annual Evaluation of an Area Director

Mark O'Donnell presented the proposed adoption of Area Board Annual Evaluation of an Area Director. General Statute 122C-121(b) requires each Area Board to conduct an annual performance evaluation of the Area Director based on criteria established by the Secretary and the Area Board. No comments were received during the 60 day publication of this rule. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

Mr. O'Donnell received the following questions and comments from the Rules Committee members regarding this rule:

- Dr. Scheyett stated that she found it interesting that the Area Director is not held accountable for and evaluated on the quality of services in his catchment area.
- Ms. Copeland stated that the list was generated as a result of gaps that may have been received from Area Director's performance evaluations.
- Deby Dihoff, Executive Director, NAMI/NC, Ex-Officio Committee member, stated that language should be added that the Area Director's job, which is performed through managing human resources, management of fiscal resources, and managing staff who serve the md/dd/sa needs within the community, should be done in the best possible way. Mr. O'Donnell stated that he supports the suggestion that the responsibility for the quality and services to the catchment area be included specifically, due to it being the primary responsibility of the Chief Executive Officer. Mr. McCullouch, Rules Committee Chairman, suggested that a line 8 be added to the rule to reflect the language above and be submitted to the Secretary for consideration in the rule.

10A NCAC 26C .0600 – Proposed Adoption of Removal of LME Functions

Mark O'Donnell presented the proposed adoption of Removal of LME Functions. The proposed rules are necessary to clearly identify the circumstances and process by which the Secretary of DHHS shall remove a function from a Local Management Entity. Session Law 2006-142, HB 2077 requires the Commission for MH/DD/SAS to adopt rules regarding the notice and procedural requirements for removal of one or more LME functions. The NC Council of Community Programs provided comments during the 60 day publication of this rule. This is a Commission rule and presented to the Rules Committee for approval to forward to the full Commission for final review.

Mr. O'Donnell received the following questions and comments from the Rules Committee members regarding this rule:

- Ms. Copeland asked that, for the purpose of clarification, the language be consistent in .0603, regarding the authority being given to the Secretary. Ms. Copeland stated that they are requesting that the language reads "The Secretary will direct the Director of the division...".
- Steven Hairston stated that each time a new Secretary comes into office one of the first things that he/she does is issue an order that delegates authority to the Division Director and that most things that come from the Division Director comes down from the Secretary of Health and Human Services. There is an order there that gives each Division Director authority to act on behalf of the Secretary.
- Pender McElroy, Chairman, Commission, questioned the necessity of having the rule specify that the "Secretary shall direct..."; Ms. Copeland responded that this inclusion would clarify that the authority lies with the Secretary. Mr. McElroy then proposed that the rule be

changed to reflect that “the Secretary shall” and delete the phrase “direct the Director of the Division of Mental Health...”

The Rules Committee made motion that there be an amendment to .0603 to indicate that “The Secretary shall...” and delete the phrase “direct the Division of Mental Health...” proposed by the NC Council. Upon motion, second and unanimous vote, the Rules Committee approved the proposed adoption of 10A NCAC 26C .0600, as amended, to be forwarded to the Commission for final review.

10A NCAC 27G .0212 – Proposed Adoption of Disclosure of Financial Interest

Jim Jarrard, Team Leader, Accountability Team, NC DMH/DD/SAS, presented the proposed adoption of Disclosure of Financial Interest. Revised statutory language in G.S. 122C-26(5)(e) reads in part, “In addition to other powers and duties, the Commission shall exercise the following powers and duties: Requiring facility personnel who reference clients to provider agencies to disclose any pecuniary interest the referring person has in the provider agency, or other interest that may give rise to the appearance of impropriety.” This proposed rule addresses this requirement. The NC Council of Community Programs provided comments to this rule during its 60 day publication. This is a Commission rule and presented to the Rules Committee for approval to forward to the full Commission for final review.

A motion was made for the rule to be amended as follows: Line 6 under 10A NCAC 27G .0212 (a), “the referring provider shall disclose and document the disclosure of the financial interest to the potential client”.

Upon motion, second and unanimous vote, the Rules Committee approved the proposed adoption of 10A NCAC 27G .0212 with the amendments to be forwarded to the Commission for final review.

10A NCAC 26C .0100 – Proposed Amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients

Bonnie Morell, Team Leader, Best Practices and Community Innovation, NC DMH/DD/SAS, presented the proposed amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients. The proposed amendments are necessary to provide accurate information concerning designating facilities for the custody and treatment of involuntary clients. No comments were provided during the 60 day publication of this rule. However, comments were submitted January 9, 2008, by Dr. Marvin Swartz, Commission member. These comments were provided to the Rules Committee. This is a Secretary rule and presented for information and comment. Therefore, no action is required.

Ms. Morell discussed the comments that were received by Dr. Swartz. Ms. Morell stated that sometimes there is confusion about whether the issue is the designation of the facility or whether it is the involuntary commitment process and requirement itself, and whether other rules like client rights apply in these facilities. Ms. Morell added that a designation does not do anything other than say yes, if you follow all the other rules you could accept involuntary clients. All of the admission rule requirements apply to include the requirement that commitment evaluation by a psychiatrist or licensed psychologist must first be completed, unless it involves one of the pilot programs. Second evaluation within 24-hours of admission to the facility continues to apply to this kind of setting, if they are taking involuntary commitments. Seclusion and restraint rules apply in any of these facilities, whether or not they are designated to take involuntary clients.

Ms. Morell received the following questions and comments from the Rules Committee members regarding this rule:

- Mr. McElroy referenced Dr. Swartz's comments regarding being able to involuntarily commit a consumer without a physician's examination or one being completed fairly soon after commitment. Ms. Morell stated that it was all part of the commitment rule. If these facilities are designated to take involuntary commitments, they have to have a physician who will do that examination. Ms. Morell further stated that this was in the statute and pointed out that in the rule .0101 it specifies that the licensure rules apply and that the involuntary commitment statutes apply.
- Dr. Scheyett asked if involuntary commitment counts as part of a treatment program. The second concern had to do with ongoing medical issues. Ms. Morell stated that, relative to ongoing medical treatment, all of our licensed facilities have the responsibility to provide medical services on-site and to get the person to the appropriate level of medical care.
- Mazie Fleetwood, Committee member; stated that there are different rules that relate to each of these facilities. With facility-based crises services, for example, there was a requirement that the person have a physical examination within 24-hours.
- Dr. Scheyett asked a question regarding .0103(a)(6) "existence and adequacy of security procedures". With some of the facilities, if they are licensed as a social setting detox, how will we check to make sure that the facility is now safe for the involuntary clients as a physical facility? Ms. Morell stated that to be licensed someone has looked at the physical facility and most social setting detox would not be built to the standards that would be required.
- Dr. Scheyett asked if numbers 1-9 of rule .0103 cover physical facility. Ms. Morell stated that as part of licensure if they say they are going to want to take in involuntarily committed people, the Division of Health Service Regulation would look at the physical requirements.
- Ann Forbes stated that she had concerns whether the facilities could handle involuntary commitment patients.
- Mazie Fleetwood, Committee member, asked where in the rules additional staffing would be described if a program was designated to receive involuntary commitments. Ms. Morell answered that being designated to take involuntary committed people does not mean that you must take every involuntary committed person. The responsibility of the program is to take the people who meet their admission criteria and their staffing capacity.
- Floyd McCullough asked to go on record stating that this was a catastrophe waiting to happen.
- Mr. McElroy made a motion that the Rules Committee forward the issues and concerns that they have raised to the Advisory Committee with a request that the Advisory Committee formulate a position statement to be sent to the Secretary in an advisory capacity from the full Commission

Upon motion, second and unanimous vote, the Rules Committee approved the motion for their concerns to be forwarded to the Advisory Committee to be put into statement and sent to the Secretary in an advisory capacity from the full Commission.

10A NCAC 27G .0504 – Proposed Amendment of Client Rights

Stuart Berde, Team Leader, Customer Service and Community Rights Team, NC DMH/DD/SAS, presented the proposed amendment of Client Rights rules. The amended language is necessary to update the rule to conform to current developments in Mental Health. This is a Commission rule

and is being presented to the Rules Committee for approval and recommendation to the Commission for publication.

Following Mr. Berde's presentation, the following comments were made:

- Ms. Forbes stated that the rule talks about minimum and maximum committee size and asked if it needed to specify a specific number of people.
- Dr. Brunstetter questioned the adequacy of Clients Rights Assurance Committee sending only an annual report and sending it to the Local Management Entity (LME).
- Deby Dihoff said that she thought there was an agreement from the October Rules Committee meeting that there would be a notation that provider staff who served on the committee shall not be voting members and this would be parallel to the LME staff members.
- Martha Brock, PAIMI Coordinator, Ex-Officio Committee member, stated that her main concern is public control and not the dollar amounts that the providers earn. Ms. Brock stated that she was also concerned about the 25% membership and proposed changing it to 50%.
- A discussion ensued regarding whether the LME and Provider Client Rights Committees should be comprised of at least 50% members who are either consumers or family members. Mr. McCullouch, Chairman, Rules Committee, questioned where they would find enough people to do this at 50% when they are having a hard time finding 25%. Mr. McCullouch also stated that there is a lot of trouble just getting people to volunteer.
 - Mazie Fleetwood stated that she was not opposed to the 50%, but that she also felt that the rule should be supported by the committee and that comments should be received during publication. She further stated that whether the rule was changed to 50%, she did support Ms. Dihoff's comment that contract providers should not be voting members of the committee.
 - Mr. McElroy stated that he felt the wrong message would be sent if they say 25%. Mr. McElroy suggested that it should be changed to 50%.

Upon motion, second and unanimous vote, the Rules Committee approved the proposed amendment of 10A NCAC 27G .0504 to the full Commission for publication with the change of the LME Client Rights Oversight Committee and Provider Client Rights Assurance Committee be comprised of at least 50% (not 25%) membership who are either consumers or family members.

10A NCAC 29D .0400 – Proposed Repeal of Therapeutic Homes

Dr. Michael Lancaster, Chief, Clinical Policy, NC DMH/DD/SAS, presented the proposed repeal of Therapeutic Homes. The proposed repeals are necessary to update rules to reflect current practices. Behavioral mental health treatment services for children and adolescents that are provided in private residences are licensed in accordance with G.S. 131D requirements and the administrative rules governing foster care homes. No comments were received during the 60 day publication of this rule. This is a Commission rule and presented to the Rules Committee for approval to forward to the full Commission for final review.

Upon motion, second and unanimous vote, the Rules Committee approved the proposed repeal of 10A NCAC 29D .0400 to be forwarded to the Commission for final review.

10A NCAC 27G .0104 – Proposed Amendment of Staff Definitions

Dr. Lancaster presented the proposed amendment for Staff Definitions rules. The rules are an outgrowth of the staff qualifications workgroup that was appointed by the Rules Committee and Commission to look at staff qualifications. This is the first of the rules that will be promulgated to the Rules Committee for approval. The amendment includes the addition of a definition for Licensed Clinician. This is a Commission rule and is being presented to the Rules Committee for approval and recommendation to the Commission for publication.

Dr. Scheyett announced that she was president elect of the State NASW Chapter and NASW has taken a position on this; therefore, she needed to excuse herself from the vote. Therefore, this section of the meeting was conducted by Mr. McCullouch, Chairman, Rules Committee.

Dr. Lancaster received the following questions and comments from the Rules Committee members regarding this rule:

- Ann Forbes stated that she and Connie Mele, Committee member, had discussions on a recommendation for this rule. Ms. Forbes stated that there was nothing in the NC board regulations for licensures of Registered Nurses or Licensed Practical Nurses that support section (d) of the rule in 10A NCAC 27G .0104. Therefore, Ms. Forbes and Ms. Mele recommended that under section (d) the time requirement be reduced to two years.
- Sally Cameron, NC Psychological Association, Ex-Officio Committee member, spoke on behalf of the Professional Association Council, and advised that they support this distinction of the Licensed Clinician from the Qualified Professional. She noted that the Council is very concerned that the rules do not include Provisionally Licensed Professionals. PAC and the Professional Associations will be making comments on this aspect of the rule.
- Dr. Lancaster stated that the concerns have consistently been that if the boards decide that there is a provisional status, this means that they are not fully licensed. DMA looks at this as they are not fully licensed also. Dr. Lancaster also stated that part of what they have asked the different provider groups to do is to go back to their licensing boards and discuss with them the status of licensure and what that means. Dr. Lancaster continued by stating the determination of what they look at is that there is a distinction between licensed professional and provisionally licensed professional. Provisionally licensed is an interim step before one moves to fully licensed status. He further stated that the workgroup has determined that it will be promulgating rules in early summer addressing a competency-based system.
- Ann Forbes made a motion referencing section (d) that the timeframe is changed from four years to two. Ms. Forbes asked that Dr. Lancaster and the workgroup research this section of the rule before it comes back to the Commission as to why the four years is necessary.

Upon motion, second and majority vote, the Rules Committee approved the proposed amendment of to be 10A NCAC 27G .0104 to be forwarded to the Commission for publication. There were 2 abstentions with this vote: Dr. Anna Scheyett and Ms. Ann Forbes.

Dr. Scheyett asked Dr. Lancaster about the work that was done by the workgroup clarifying some definitions from the October meeting. Dr. Scheyett mentioned that the Commission was supposed to receive copies and did not. Dr. Lancaster stated that it did go out in one of the Communication Bulletins. Dr. Scheyett asked that the document be sent to the Commission via email with a link to the Communication Bulletins. Dr. Lancaster also asked the Committee if they had any questions regarding the staff qualifications from the presentation of the Designation of Facilities-Involuntary Clients rule. No further comments on this issue were provided.

Update on 10A NCAC 26C .0700 – Provider Endorsement

Mabel McGlothlen, NC DMH/DD/SAS, LME Systems Performance Team, Community Policy Management Section, provided an update on the Provider Endorsement rules. Ms. McGlothlen stated that she does expect to be at the April Rules Committee meeting with the presentation of the rule. The first time the rules were presented in February of 2007, they were considered to be Secretary rules. During the second presentation of the rules in October, per G.S.122C-14 they are now under the Commission's authority. At the October meeting, some members asked that there be a delay in the endorsement rules, due to the endorsement policy still being developed. Since the October presentation of the rules they have been revised to match the most recent endorsement policy, which came out in December. The rules were presented to the Executive Leadership Team (ELT) at the Division. The rules were revised and a Plan of Correction Policy for endorsements has been spelled out within the new revision. An email version of the rule has been sent to Mr. Hedrick for his rule subgroup to review; their comments will be accepted until February 15th. In addition, the rules have been emailed to the NC Council and after all comments are received in February they will be considered and discussed with the Division.

Dr. Scheyett stated the group looking at the prison rules will now be chaired by Connie Mele. Although Mr. McElroy asked that Dr. Scheyett chair this group, the social work definition became so prominent in that discussion she had to step down. Ms. Mele advised that the workgroup would be having their first meeting after the Rules Committee meeting adjourned.

Martha Martinat, Commission member, stated a lot of the rules enacted generate a lot of paperwork for those who are providing services and detract from their ability to provide services. Therefore, she had spoken to Mr. McElroy and he suggested that Bob Hedrick be asked to address this issue by making some recommendations as to how paperwork can be reduced. Mr. McElroy asked if anyone was interested in serving with Ms. Martinat and Mr. Hedrick.

Public Comment

Paula Cox Fishman stated that she was happy to see J. Michael Hennike as a member of the Commission and also thanked the Rules Committee for their support. Louise G. Fisher thanked the Rules Committee for moving the percentage on the Clients Rights rule from 25% to 50%.

There being no further business, the meeting adjourned at 2:15pm.